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FEC FORM 1

Office

Use

STATEMENT OF ORGANIZATION

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FEGMANORFHIER

FEC FORM 1

(Revised 02/2009)

NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) Example: If typing, type over the lines.
Anesthesia	Services Medical Brown Good Government Fun
ADDRESS (number and street)	17.1.8.5. WIQIVIQ. CO. BIDIAID.
(Check if address	Bunte P.
is changed)	Ban Diego CA 1921/19-
	CITY STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-mail address)
(Check if address	Aprill@aprillbollung-com
is changed)	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)
(Check if address	
is changed)	
2. DATE 09 0	7. 2011
3. FEC IDENTIFICATION NU	IMBER C00216184
4. IS THIS STATEMENT	NEW (N) OR Y AMENDED (A)
I certify that I have examined th	is Statement and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer	C. April Bolina
Signature of Treasurer	Composition Date 09 08 2011
	ous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530 Local 202-694-1100

	F COMMITTEE				
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate					
Candidate Party Affi					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate	• []]]]]]]				
Party C	ommittee:				
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.				
Politica	I Action Committee (PAC):				
(e) >	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a				
	Corporation Corporation w/o Capital Stock Labor Organization				
	Membership Organization Trade Association Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fu	Indraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
C	ommittees Participating in Joint Fundraiser				
1.	I I I I I I I I I I I I I I I I I I I				
2.					
3.					
•					

Write or Type Committee Name

,, ,				
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising	Representative	e, or Leadership PAC Sponsor	
Amesitihies in a	Services medicali	arlolulpl.	llinici	
	<u> </u>			
Mailing Address	171/1815 Malvial (b) 1810/ald			
•	Bullte PIIIIIII			
	San Dieso	J CA STATE	9,2,1,1,9]-[] ZIP CODE	
Relationship: X Connected	l Organization Affiliated Committee	aising Represent	ative "Leadership PAC Sponsor	
 Custodian of Records: Ider books and records. 	tify by name, address (phone number optional) and	position of the p	person in possession of committee	
Full Name C. Air	or 11 Bolina	1 1 1 1 1 1		
Mailing Address	17.185 Navajo Boad			
	Bunte P	1111		
	Isan Duego	L CA	19,21,191-	
Title or Position	CITY	STATE	ZIP CODE	
Treasurer	<u>i i i i i i i i i</u> Telephone	e number 6	12.91-17.131-6.8881	
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).				
Full Name of Treasurer	aril Boling	<u> </u>		
Mailing Address	171/85 Mardjo Road	1 1 1 1		
	BouterP			
	San Diego	STATE	19,41,19] ZIP CODE	
Title or Position TIPLE SUITEF	Telephone	number 6	191-17131-168881 1	

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fzd ES	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
Long	9/12/11
(3/2005)	DATE PREPARED